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| Fill in this information to identify your case: |                               |                                 |
|-------------------------------------------------|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|                                                 | ☐ Chapter 7                   |                                 |
|                                                 | ☐ Chapter 11                  |                                 |
|                                                 | ☐ Chapter 12                  |                                 |
|                                                 | Chapter 13                    | Check if this an amended filing |

### Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1:               | Identify Yourself                                                                        |                                          |                                               |
|-----|---------------------|------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------|
|     |                     |                                                                                          | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | You                 | r full name                                                                              |                                          |                                               |
|     |                     | e the name that is on                                                                    | Krystin                                  |                                               |
|     | pictu<br>exar       | government-issued<br>ure identification (for<br>mple, your driver's                      | First name                               | First name                                    |
|     | licen               | se or passport).                                                                         | Middle name                              | Middle name                                   |
|     |                     | g your picture<br>tification to your                                                     | Dellaca                                  |                                               |
|     |                     | ting with the trustee.                                                                   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  |                     | other names you have<br>d in the last 8 years                                            |                                          |                                               |
|     |                     | ide your married or<br>den names.                                                        |                                          |                                               |
| 3.  | youi<br>num<br>Indi | the last 4 digits of r Social Security sber or federal vidual Taxpayer tification number | xxx-xx-9471                              |                                               |
|     |                     |                                                                                          |                                          |                                               |

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Case number (if known)

Debtor 1 Krystin Dellaca

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 3063 Winchester Court West Aurora, IL 60504 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code DuPage County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 Krystin Dellaca

| Par | t 2: Tell the Court About                                                                                         | oui ba | inkrupicy Ca  | 5E                                       |                                                     |                  |                                  |                                                                                                |
|-----|-------------------------------------------------------------------------------------------------------------------|--------|---------------|------------------------------------------|-----------------------------------------------------|------------------|----------------------------------|------------------------------------------------------------------------------------------------|
| 7.  | The chapter of the Bankruptcy Code you are                                                                        |        |               |                                          | each, see <i>Notice Rec</i><br>ge 1 and check the a |                  |                                  | uals Filing for Bankruptcy                                                                     |
|     | choosing to file under                                                                                            | ☐ Ch   | napter 7      |                                          |                                                     |                  |                                  |                                                                                                |
|     |                                                                                                                   | ☐ Ch   | napter 11     |                                          |                                                     |                  |                                  |                                                                                                |
|     |                                                                                                                   | ☐ Ch   | napter 12     |                                          |                                                     |                  |                                  |                                                                                                |
|     |                                                                                                                   | ■ Ch   | napter 13     |                                          |                                                     |                  |                                  |                                                                                                |
| 8.  | How you will pay the fee                                                                                          |        | about how yo  | u may pay. Typica<br>attorney is submitt | lly, if you are paying t                            | he fee yourself  | f, you may pay with cash         | r local court for more details<br>, cashier's check, or money<br>n a credit card or check with |
|     |                                                                                                                   |        | I need to pay | the fee in install                       | ments. If you choose<br>Official Form 103A).        | this option, sig | gn and attach the <i>Applica</i> | ation for Individuals to Pay                                                                   |
|     |                                                                                                                   |        | I request tha | t my fee be waive                        | <b>d</b> (You may request                           |                  |                                  | oter 7. By law, a judge may,                                                                   |
|     |                                                                                                                   |        |               |                                          |                                                     |                  |                                  | of the official poverty line that this option, you must fill out                               |
|     |                                                                                                                   |        |               |                                          |                                                     |                  | orm 103B) and file it with       |                                                                                                |
|     |                                                                                                                   |        |               |                                          |                                                     |                  |                                  |                                                                                                |
| 9.  | Have you filed for bankruptcy within the                                                                          | □No    |               |                                          |                                                     |                  |                                  |                                                                                                |
|     | last 8 years?                                                                                                     | Ye:    | S.            |                                          |                                                     |                  |                                  |                                                                                                |
|     |                                                                                                                   |        | District      | Illinois                                 | When                                                | 4/05/07          | Case number                      | 0706171                                                                                        |
|     |                                                                                                                   |        | District      |                                          | When                                                |                  | Case number                      |                                                                                                |
|     |                                                                                                                   |        | District      |                                          | When                                                |                  | Case number                      |                                                                                                |
| 10. | Are any bankruptcy cases pending or being                                                                         | ■ No   |               |                                          |                                                     |                  |                                  |                                                                                                |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Ye   | s.            |                                          |                                                     |                  |                                  |                                                                                                |
|     |                                                                                                                   |        | Debtor        |                                          |                                                     |                  | Relationship to y                | ou ou                                                                                          |
|     |                                                                                                                   |        | District      |                                          | When                                                |                  | Case number, if                  | known                                                                                          |
|     |                                                                                                                   |        | Debtor        |                                          |                                                     |                  | Relationship to y                | ou                                                                                             |
|     |                                                                                                                   |        | District      |                                          | When                                                |                  | Case number, if                  | known                                                                                          |
| 11. | Do you rent your                                                                                                  | ■ No   | Go to li      | ne 12.                                   |                                                     |                  |                                  |                                                                                                |
|     | residence?                                                                                                        | ☐ Ye   |               | ur landlord obtaine                      | d an eviction judame                                | nt against you   | and do you want to stay          | in your residence?                                                                             |
|     |                                                                                                                   | _ 16   | o. ,          | No. Go to line 12.                       | , g                                                 | 3 1,755          | ,                                | ,                                                                                              |
|     |                                                                                                                   |        |               |                                          | 0                                                   | Education to the | mant Against Val. (Form          | 101A) and file it with this                                                                    |

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|      | 0000 10                                                                                                                                          | 00000       | <b>D</b> 00           | Document Page 4 of 53                                                                                                                                                                                                                                                                                                                                   |    |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Deb  | tor 1 Krystin Dellaca                                                                                                                            |             |                       | Case number (if known)                                                                                                                                                                                                                                                                                                                                  |    |
|      |                                                                                                                                                  |             |                       |                                                                                                                                                                                                                                                                                                                                                         |    |
| art  | Report About Any                                                                                                                                 | Businesses  | You Owr               | n as a Sole Proprietor                                                                                                                                                                                                                                                                                                                                  |    |
| 12.  | Are you a sole proprieto of any full- or part-time business?                                                                                     | or<br>■ No. | Go to                 | to Part 4.                                                                                                                                                                                                                                                                                                                                              |    |
|      |                                                                                                                                                  | ☐ Yes.      | Name                  | ne and location of business                                                                                                                                                                                                                                                                                                                             |    |
|      | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | a           | Name                  | ne of business, if any                                                                                                                                                                                                                                                                                                                                  |    |
|      | If you have more than on sole proprietorship, use a separate sheet and attack it to this petition.                                               | 1           |                       | nber, Street, City, State & ZIP Code                                                                                                                                                                                                                                                                                                                    |    |
|      | it to this petition.                                                                                                                             |             |                       | eck the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § 101(27A))                                                                                                                                                                                                                                           |    |
|      |                                                                                                                                                  |             |                       | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))                                                                                                                                                                                                                                                                                           |    |
|      |                                                                                                                                                  |             |                       | Stockbroker (as defined in 11 U.S.C. § 101(53A))                                                                                                                                                                                                                                                                                                        |    |
|      |                                                                                                                                                  |             |                       | Commodity Broker (as defined in 11 U.S.C. § 101(6))                                                                                                                                                                                                                                                                                                     |    |
|      |                                                                                                                                                  |             |                       | None of the above                                                                                                                                                                                                                                                                                                                                       |    |
|      |                                                                                                                                                  |             |                       |                                                                                                                                                                                                                                                                                                                                                         |    |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and a<br>you a small business<br>debtor?                                            | deadline    | s. If you ins, cash-f | nder Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of conformal flow statement, and federal income tax return or if any of these documents do not exist, follow the procedur 6(1)(B). | of |
|      | For a definition of amoll                                                                                                                        | ■ No.       | I am                  | n not filing under Chapter 11.                                                                                                                                                                                                                                                                                                                          |    |
|      | For a definition of small business debtor, see 11 U.S.C. § 101(51D).                                                                             | □ No.       | I am<br>Code          | n filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy<br>le.                                                                                                                                                                                                                                    | y  |
|      |                                                                                                                                                  | ☐ Yes.      | I am                  | n filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Cod                                                                                                                                                                                                                                            | e. |
| Part | t 4: Report if You Own                                                                                                                           | or Have Any | / Hazardo             | dous Property or Any Property That Needs Immediate Attention                                                                                                                                                                                                                                                                                            |    |
| 14.  | Do you own or have any                                                                                                                           |             |                       |                                                                                                                                                                                                                                                                                                                                                         |    |
|      | property that poses or i alleged to pose a threat                                                                                                | S           |                       |                                                                                                                                                                                                                                                                                                                                                         |    |
|      | of imminent and identifiable hazard to public health or safety?                                                                                  |             | What is               | s the hazard?                                                                                                                                                                                                                                                                                                                                           | _  |

Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Krystin Dellaca

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

counseling because of

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability. My physical disability causes me to be unable to participate in a briefing

in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Krystin Dellaca Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you ■ \$0 - \$50.000 □ \$1.000.001 - \$10 million □ \$500.000.001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$10,000,000,001 - \$50 billion □ \$50,000,001 - \$100 million **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Krystin Dellaca Signature of Debtor 2 **Krystin Dellaca** Signature of Debtor 1 Executed on February 18, 2016 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Krystin Dellaca Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Joseph      | Nrobel Strong          | Date          | February 18, 2016                |
|-----------------|------------------------|---------------|----------------------------------|
| Signature of    | Attorney for Debtor    |               | MM / DD / YYYY                   |
| Joseph W        | robel                  |               |                                  |
| Printed name    |                        |               |                                  |
| Joseph W        | robel, Ltd.            |               |                                  |
| Firm name       |                        |               |                                  |
| #206            |                        |               |                                  |
| 1954 First      | Street                 |               |                                  |
| Highland I      | Park, IL 60035         |               |                                  |
| Number, Street, | City, State & ZIP Code |               |                                  |
|                 | 312.781.0996           |               | josephwrobel@chicagobankruptcy.c |
| Contact phone   | 312.701.0990           | Email address | om                               |
| 3078256         |                        |               |                                  |
| Bar number & S  | state                  |               |                                  |

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|                     |                          | DUCUIII           | THE TAGE OF SE |   |                                   |
|---------------------|--------------------------|-------------------|----------------|---|-----------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                |   |                                   |
| Debtor 1            | Krystin Dellaca          |                   |                |   |                                   |
|                     | First Name               | Middle Name       | Last Name      |   |                                   |
| Debtor 2            |                          |                   |                |   |                                   |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name      |   |                                   |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS    |   |                                   |
| Case number         |                          |                   |                |   |                                   |
| (if known)          |                          |                   |                | _ | eck if this is ar<br>ended filing |

### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |                                                                                                                                                                                                    | Your a     | ssets<br>of what you own      |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B                                                                                              | \$         | 110,000.00                    |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                       | \$         | 7,734.72                      |
|     | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                            | \$         | 117,734.72                    |
| Paı | t 2: Summarize Your Liabilities                                                                                                                                                                    |            |                               |
|     |                                                                                                                                                                                                    |            | <b>abilities</b><br>t you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$         | 78,468.00                     |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$         | 0.00                          |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                  | \$         | 36,277.00                     |
|     | Your total liabilities                                                                                                                                                                             | \$         | 114,745.00                    |
| Pai | t 3: Summarize Your Income and Expenses                                                                                                                                                            |            |                               |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                          | \$         | 3,132.80                      |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                              | \$         | 2,943.08                      |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records                                                                                                                             |            |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | r other sc | hedules.                      |
| 7.  | ■ Yes What kind of debt do you have?                                                                                                                                                               |            |                               |

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Case number (if known) Debtor 1 Krystin Dellaca

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--------------------------------------------------------------------------------------------------------------|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

3,737.31 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Bort A on Cohodula F/F compthe following:                                                                               | Total claim |      |
|------------------------------------------------------------------------------------------------------------------------------|-------------|------|
| From Part 4 on Schedule E/F, copy the following:                                                                             |             |      |
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$          | 0.00 |

|                             | Cas                                                                      | e 16-05363                                                          | B Doc 1                                                      |                                           | 02/18/16<br>ument                                   | Entered 02/18/<br>Page 10 of 53                                                                                                                           | 16 20:56       | :50 De                             | sc Main       |                               |
|-----------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------|---------------|-------------------------------|
| Fill                        | in this informa                                                          | ation to identify                                                   | your case and                                                |                                           |                                                     | 1 446 10 01 33                                                                                                                                            |                |                                    |               |                               |
| Deb                         | otor 1                                                                   | Krystin Della                                                       | ıca                                                          |                                           |                                                     |                                                                                                                                                           |                |                                    |               |                               |
|                             |                                                                          | First Name                                                          |                                                              | dle Name                                  |                                                     | Last Name                                                                                                                                                 |                |                                    |               |                               |
|                             | otor 2<br>use, if filing)                                                | First Name                                                          | Midd                                                         | dle Name                                  |                                                     | Last Name                                                                                                                                                 |                |                                    |               |                               |
| Unit                        | ted States Bank                                                          | cruptcy Court for                                                   | the: NORTHE                                                  | RN DIST                                   | RICT OF ILLIN                                       | IOIS                                                                                                                                                      |                |                                    |               |                               |
|                             |                                                                          | ,                                                                   |                                                              |                                           |                                                     |                                                                                                                                                           |                |                                    |               |                               |
| Cas                         | e number                                                                 |                                                                     |                                                              |                                           |                                                     | -                                                                                                                                                         |                |                                    |               | k if this is an<br>ded filing |
|                             |                                                                          |                                                                     |                                                              |                                           |                                                     |                                                                                                                                                           |                | 1                                  |               | ·····g                        |
| )<br>Of                     | ficial For                                                               | m 106A/B                                                            |                                                              |                                           |                                                     |                                                                                                                                                           |                |                                    |               |                               |
| Sc                          | hedule                                                                   | A/B: Pr                                                             | operty                                                       |                                           |                                                     |                                                                                                                                                           |                |                                    |               | 12/15                         |
| hink<br>nfor<br>nsv<br>Part | it fits best. Be a mation. If more sever every question.  1: Describe Ea | as complete and a<br>space is needed, a<br>on.<br>ach Residence, Bu | ccurate as possi<br>ittach a separate<br>uilding, Land, or C | ble. If two<br>sheet to the<br>Other Real | married people<br>his form. On the<br>Estate You Ow | n asset fits in more than or<br>e are filing together, both ar<br>e top of any additional page<br>on or Have an Interest In<br>land, or similar property? | e equally resp | onsible for s                      | upplying corr | ect                           |
|                             | No. Go to Part 2                                                         | 2.                                                                  |                                                              |                                           |                                                     |                                                                                                                                                           |                |                                    |               |                               |
|                             | Yes. Where is t                                                          | he property?                                                        |                                                              |                                           |                                                     |                                                                                                                                                           |                |                                    |               |                               |
|                             |                                                                          |                                                                     |                                                              |                                           |                                                     |                                                                                                                                                           |                |                                    |               |                               |
| 4 4                         |                                                                          |                                                                     |                                                              | \A/b o4                                   | io the manager                                      | 2 Observationally the extremely                                                                                                                           |                |                                    |               |                               |
| 1.1                         | 3063 Winch                                                               | ester Court W                                                       | est                                                          | vvnat                                     |                                                     | ? Check all that apply                                                                                                                                    | 5              |                                    |               |                               |
|                             | Street address, if a                                                     | available, or other desc                                            | cription                                                     | _ ⊔                                       | Single-family h  Duplex or mult                     |                                                                                                                                                           |                | duct secured of<br>t of any secure |               |                               |
|                             |                                                                          |                                                                     |                                                              | _                                         | Condominium                                         | ū                                                                                                                                                         | Creditors      | Who Have Cla                       | ms Secured b  | y Property.                   |
|                             |                                                                          |                                                                     |                                                              | _                                         | Manufactured                                        | or mobile home                                                                                                                                            |                |                                    |               |                               |
|                             | Aurora                                                                   | IL                                                                  | 60504-0000                                                   |                                           |                                                     |                                                                                                                                                           | Current va     | alue of the perty?                 | Current va    |                               |
|                             | City                                                                     | State                                                               | ZIP Code                                                     |                                           | Investment pro                                      | pperty                                                                                                                                                    | \$1            | 10,000.00                          | · ·           | 110,000.00                    |
|                             |                                                                          |                                                                     |                                                              |                                           | Timeshare                                           |                                                                                                                                                           |                | the nature of                      |               |                               |
|                             |                                                                          |                                                                     |                                                              | Who                                       | Other                                               | in the property? Check one                                                                                                                                |                | ee simple, ter<br>te), if known.   | ancy by the   | entireties, or                |
|                             |                                                                          |                                                                     |                                                              | <b>=</b>                                  | Debtor 1 only                                       | and property: Oncok one                                                                                                                                   | Fee sim        | ple                                |               |                               |
|                             | DuPage                                                                   |                                                                     |                                                              |                                           | Debtor 2 only                                       |                                                                                                                                                           |                |                                    |               |                               |
|                             | County                                                                   |                                                                     |                                                              |                                           | Debtor 1 and [                                      | Debtor 2 only                                                                                                                                             | - Chec         | k if this is cor                   | nmunity prop  | ertv                          |
|                             |                                                                          |                                                                     |                                                              |                                           | At least one of                                     | the debtors and another                                                                                                                                   |                | structions)                        | p. op         |                               |
|                             |                                                                          |                                                                     |                                                              |                                           | r information yo                                    | ou wish to add about this ite                                                                                                                             | em, such as lo | ocal                               |               |                               |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......=>

\$110,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Approximate mileage: 102,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                   |                       | Page 11 of 53               | Filed 02/18/16<br>Document  | B Doc 1                 | e 16-05363                               |                                 | Dah           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------|-----------------------|-----------------------------|-----------------------------|-------------------------|------------------------------------------|---------------------------------|---------------|
| No   Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    | wn)                               | se number (if known)  |                             |                             |                         |                                          |                                 |               |
| Nake:   Dodge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                   |                       |                             | icles, motorcycles          | ort utility vehi        | ks, tractors, spo                        | rs, vans, tri                   | 3. <b>C</b> a |
| S.1   Make:   Dodge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                   |                       |                             |                             |                         |                                          |                                 |               |
| Mode: Grand Caravan Year: 2006 Approximate mileage: 102,000 Other information:    Debtor 2 only   Current value of the entire property? Debtor 1 and Debtor 2 only   Current value of the entire property?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                   |                       |                             |                             |                         |                                          | ⁄es                             |               |
| Year   2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | chedule D:         | any secured claims on Schedu      | the amount of any s   | e property? Check one       | _                           |                         |                                          | _                               | 3.1           |
| At least one of the debtors and another    In possession of debtor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    | , ,                               |                       |                             | _ ′                         |                         | 06                                       | - IVIOGCI.                      |               |
| Check if this is community property   \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | own?               | ty? portion you own               | entire property?      | •                           | _                           | 102,000                 |                                          |                                 |               |
| Check if this is community property   \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                                   |                       | ors and another             | ☐ At least one of the debto |                         |                                          |                                 |               |
| Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  No Yes  5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$0.00             | \$0.00                            | <b>\$0.</b>           | unity property              |                             |                         | sion or debtor                           | iii posse                       |               |
| Do you own or have any legal or equitable interest in any of the following items?  Current value portion you on Do not deduct claims or exert.  Household goods and furnishings  Examples: Major appliances, furniture, linens, china, kitchenware  No  Yes. Describe  Misc used household goods & furnishings  Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic including cell phones, cameras, media players, games  No  Yes. Describe  Collectibles of value  Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card content collections, memorabilia, collectibles  No  Yes. Describe  Bequipment for sports and hobbies | \$0.00             | so \$0                            |                       |                             |                             |                         |                                          |                                 |               |
| <ul> <li>6. Household goods and furnishings         Examples: Major appliances, furniture, linens, china, kitchenware</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | own?<br>ct secured | Current value of portion you own' |                       | ing items?                  |                             |                         |                                          |                                 |               |
| Yes. Describe     Misc used household goods & furnishings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | mpuons.            | ciaims or exemption               |                       |                             | china, kitchenware          | gs<br>niture, linens, o | ds and furnishing<br>r appliances, furni | amples: Ma                      | Ε             |
| Misc used household goods & furnishings  7. Electronics  Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic including cell phones, cameras, media players, games  No Yes. Describe  8. Collectibles of value  Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card content collections, memorabilia, collectibles  No Yes. Describe  9. Equipment for sports and hobbies                                                                                                                                                                                                                                                     |                    |                                   |                       |                             |                             |                         | e                                        |                                 |               |
| <ul> <li>7. Electronics  Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic including cell phones, cameras, media players, games  No  Yes. Describe</li> <li>8. Collectibles of value  Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card coordinates of the collections, memorabilia, collectibles  No  Yes. Describe</li> <li>9. Equipment for sports and hobbies</li> </ul>                                                                                                                                                                                                                                             |                    |                                   |                       |                             |                             |                         |                                          |                                 |               |
| <ul> <li>Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic including cell phones, cameras, media players, games</li> <li>No</li> <li>Yes. Describe</li> <li>8. Collectibles of value</li> <li>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card content collections, memorabilia, collectibles</li> <li>No</li> <li>Yes. Describe</li> <li>9. Equipment for sports and hobbies</li> </ul>                                                                                                                                                                                                                                | \$900.00           | \$9                               |                       | nings                       | hold goods & furnish        | used house              | Misc u                                   |                                 |               |
| <ul> <li>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card contact of other collections, memorabilia, collectibles</li> <li>No</li> <li>Yes. Describe</li> <li>9. Equipment for sports and hobbies</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ic devices         | sic collections; electronic de    | s, scanners; music co | oment; computers, printers  |                             |                         | ding cell phones,                        | <i>amples:</i> Tel<br>ind<br>No | E             |
| 9. Equipment for sports and hobbies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ollections;        | oin, or baseball card collec      | objects; stamp, coin, | oks, pictures, or other art |                             |                         | ues and figurines;<br>r collections, mem | <i>amples:</i> An<br>oth<br>No  | E             |
| musical instruments  No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ntry tools;        | pes and kayaks; carpentry to      | clubs, skis; canoes a | bicycles, pool tables, golf | other hobby equipment; b    |                         | sports and hobbides, photographic, e     | uipment for<br>amples: Sp<br>mu | 9. <b>E</b> c |
| <ul> <li>☐ Yes. Describe</li> <li>10. Firearms</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                   |                       | t                           | on, and related equipment   | ıns, ammunitic          | ols, rifles, shotgur                     | <b>rearms</b><br>Examples: P    | 10. <b>F</b>  |

Official Form 106A/B Schedule A/B: Property page 2

Document Page 12 of 53 Case number (if known) Debtor 1 Krystin Dellaca 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... Used clothing fully depreciated \$300.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,200.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes..... **Personal** \$50.00 funds Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... Bank of America - 0044 1016 5205 \$30.00 Savings Bank of America - 2910 1241 276 \$1,621.51 Checking 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership:

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Desc Main

Case 16-05363

Doc 1

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page 3

| D   | obtor 1                                                                                                                                                                                                                           | Case 16-053                                                        | 363 Doo                         | c 1 F             | Filed 02/18/16<br>Document | Page 13 of 53                                                                | 3/16 20:56:50            | Desc Main                                                                         |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------|-------------------|----------------------------|------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------|
| DE  | ebtor 1                                                                                                                                                                                                                           | Krystin Dellaca                                                    |                                 |                   |                            |                                                                              | ase number (if known)    |                                                                                   |
|     | Negoti<br>Non-n<br>■ No                                                                                                                                                                                                           | <i>iable instrument</i> s inclu                                    | ude personal o<br>are those you | checks, ou cannot | cashiers' checks, pror     | gotiable instruments<br>missory notes, and mon<br>by signing or delivering   |                          |                                                                                   |
|     |                                                                                                                                                                                                                                   | ment or pension accodes: Interests in IRA,                         |                                 | jh, 401(k         | ), 403(b), thrift saving   | s accounts, or other per                                                     | nsion or profit-sharing  | plans                                                                             |
|     | ■ Yes.                                                                                                                                                                                                                            | List each account sep<br>T                                         | parately.<br>Type of accour     | nt:               | Institution n              | ame:                                                                         |                          |                                                                                   |
|     |                                                                                                                                                                                                                                   | 4                                                                  | 01(k)                           |                   | Vanguard                   | l                                                                            |                          | \$4,833.21                                                                        |
|     | Your s<br>Examp<br>■ No                                                                                                                                                                                                           |                                                                    | posits you hav                  |                   | nt, public utilities (elec | inue service or use fror<br>stric, gas, water), teleco<br>ame or individual: |                          | ies, or others                                                                    |
| 23. | Annuit ■ No □ Yes                                                                                                                                                                                                                 |                                                                    | periodic paymon                 |                   |                            | life or for a number of y                                                    | years)                   |                                                                                   |
| 24. | 4. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).  ■ No □ Yes                                              |                                                                    |                                 |                   |                            |                                                                              |                          |                                                                                   |
|     | ■ No                                                                                                                                                                                                                              | , equitable or future  Give specific informa                       | •                               |                   | (other than anythin        | g listed in line 1), and                                                     | rights or powers exe     | rcisable for your benefit                                                         |
|     | 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property  Examples: Internet domain names, websites, proceeds from royalties and licensing agreements  No  □ Yes. Give specific information about them |                                                                    |                                 |                   |                            |                                                                              |                          |                                                                                   |
|     | Examµ<br>■ No                                                                                                                                                                                                                     | es, franchises, and obles: Building permits, Give specific informa | , exclusive lice                | enses, co         |                            | n holdings, liquor licens                                                    | es, professional licenso | es                                                                                |
| M   | oney or                                                                                                                                                                                                                           | property owed to yo                                                | ou?                             |                   |                            |                                                                              |                          | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     | ■ No                                                                                                                                                                                                                              | funds owed to you Give specific informa                            | tion about the                  | em, inclu         | ding whether you alre      | ady filed the returns and                                                    | d the tax years          |                                                                                   |
| 29. |                                                                                                                                                                                                                                   | support<br>oles: Past due or lump                                  | o sum alimony                   | y, spousa         | al support, child suppo    | ort, maintenance, divorc                                                     | e settlement, property   | settlement                                                                        |

☐ Yes. Give specific information......

|                     | Case 16-05363                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Doc 1                            | Filed 02/18/16              | Entered 02/18/16 20:56:50                              | Desc Main                  |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------|--------------------------------------------------------|----------------------------|
| Debtor 1            | Krystin Dellaca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | Document                    | Page 14 of 53 Case number (if known)                   |                            |
| Exar<br>■ No        | r amounts someone owes ynples: Unpaid wages, disabil benefits; unpaid loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ity insurance  <br>s you made to |                             | efits, sick pay, vacation pay, workers' compe          | nsation, Social Security   |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                             |                                                        |                            |
| <i>Exar</i><br>□ No |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                             | HSA); credit, homeowner's, or renter's insurar         | nce                        |
| ■ Yes               | s. Name the insurance comp<br>Com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | any of each ponpany name:        | olicy and list its value.   | Beneficiary:                                           | Surrender or refund value: |
|                     | Ter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | m Life Insu                      | rance through Emplo         | oyer                                                   | \$0.00                     |
| If you some         | nterest in property that is on the beneficiary of a living eone has died.  Solution:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ng trust, expec                  |                             | d<br>surance policy, or are currently entitled to rece | eive property because      |
| Exan                | ns against third parties, when ples: Accidents, employments.  Describe each claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nt disputes, in                  |                             | t or made a demand for payment<br>to sue               |                            |
| ■ No                | r contingent and unliquidat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | every nature, including     | g counterclaims of the debtor and rights to            | set off claims             |
| ■ No                | inancial assets you did not so Give specific information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                                |                             |                                                        |                            |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                             | ny entries for pages you have attached                 | \$6,534.72                 |
| Part 5: D           | Describe Any Business-Related                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | l Property You                   | Own or Have an Interest I   | n. List any real estate in Part 1.                     |                            |
| ■ No. (             | u own or have any legal or equ<br>Go to Part 6.<br>Go to line 38.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | itable interest                  | in any business-related pi  | roperty?                                               |                            |
|                     | Describe Any Farm- and Comm<br>f you own or have an interest in f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                             | n or Have an Interest In.                              |                            |
| ■ No                | ou own or have any legal on our or or have any legal on one of the control of the | r equitable in                   | terest in any farm- or c    | commercial fishing-related property?                   |                            |
| Part 7:             | Describe All Property You                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Own or Have a                    | an Interest in That You Dic | l Not List Above                                       |                            |
|                     | ou have other property of a mples: Season tickets, countr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |                             |                                                        |                            |
|                     | s. Give specific information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                             |                                                        |                            |
| 54. <b>Add</b>      | I the dollar value of all of ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | our entries fr                   | om Part 7. Write that n     | umber here                                             | \$0.00                     |

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known)

Document Debtor 1 Krystin Dellaca

| Part | 8: List the Totals of Each Part of this Form                 |            |                              |              |
|------|--------------------------------------------------------------|------------|------------------------------|--------------|
| 55.  | Part 1: Total real estate, line 2                            |            |                              | \$110,000.00 |
| 56.  | Part 2: Total vehicles, line 5                               | \$0.00     |                              |              |
| 57.  | Part 3: Total personal and household items, line 15          | \$1,200.00 |                              |              |
| 58.  | Part 4: Total financial assets, line 36                      | \$6,534.72 |                              |              |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00     |                              |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00     |                              |              |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00     |                              |              |
| 62.  | Total personal property. Add lines 56 through 61             | \$7,734.72 | Copy personal property total | \$7,734.72   |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |            |                              | \$117,734.72 |

Official Form 106A/B Schedule A/B: Property page 6 Case 16-05363 Doc 1 Filed 02/18/16 Entered 02/18/16 20:56:50 Desc Main

|                     |                          | Docume            | IIL I auc 10 01 33 |  |
|---------------------|--------------------------|-------------------|--------------------|--|
| Fill in this infor  | mation to identify your  | case:             |                    |  |
| Debtor 1            | Krystin Dellaca          |                   |                    |  |
|                     | First Name               | Middle Name       | Last Name          |  |
| Debtor 2            |                          |                   |                    |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name          |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS        |  |
| Case number         |                          |                   |                    |  |
| (if known)          |                          |                   |                    |  |
|                     |                          |                   |                    |  |

### Official Form 106C

Part 1: Identify the Property You Claim as Exempt

## Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | . Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. |                                                                                                   |        |                                                                 |                                    |  |  |  |
|----|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------|------------------------------------|--|--|--|
|    | ■ You are claiming state and federal nonban                                                         | kruptcy exemptions.                                                                               | 11 U.S | s.C. § 522(b)(3)                                                |                                    |  |  |  |
|    | ☐ You are claiming federal exemptions. 11                                                           | U.S.C. § 522(b)(2)                                                                                |        |                                                                 |                                    |  |  |  |
| 2. | For any property you list on Schedule A/B                                                           | or any property you list on Schedule A/B that you claim as exempt, fill in the information below. |        |                                                                 |                                    |  |  |  |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property              | Current value of the portion you own                                                              | Amo    | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |  |
|    |                                                                                                     | Copy the value from<br>Schedule A/B                                                               | Che    | ck only one box for each exemption.                             |                                    |  |  |  |
|    | 3063 Winchester Court West Aurora, IL 60504 DuPage County                                           | \$110,000.00                                                                                      |        | \$15,000.00                                                     | 735 ILCS 5/12-901                  |  |  |  |
|    | Line from Schedule A/B: 1.1                                                                         |                                                                                                   |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | Misc used household goods & furnishings                                                             | \$900.00                                                                                          | •      | \$900.00                                                        | 735 ILCS 5/12-1001(b)              |  |  |  |
|    | Line from Schedule A/B: <b>6.1</b>                                                                  |                                                                                                   |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | Used clothing fully depreciated Line from Schedule A/B: 11.1                                        | \$300.00                                                                                          |        | \$300.00                                                        | 735 ILCS 5/12-1001(a)              |  |  |  |
|    | Line Holli Schedule AVB. 11.1                                                                       |                                                                                                   |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | Personal funds Cash Line from Schedule A/B: 16.1                                                    | \$50.00                                                                                           |        | \$50.00                                                         | 735 ILCS 5/12-1001(b)              |  |  |  |
|    | Line Holli Schedule AVB. 10.1                                                                       |                                                                                                   |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | Savings: Bank of America - 0044<br>1016 5205                                                        | \$30.00                                                                                           |        | \$30.00                                                         | 735 ILCS 5/12-1001(b)              |  |  |  |
|    | Line from Schedule A/B: 17.1                                                                        |                                                                                                   |        | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |

Filed 02/18/16 Entered 02/18/16 20:56:50 Document Page 17 of 53 Krystin Dellaca Debtor 1 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Checking: Bank of America - 2910 735 ILCS 5/12-1001(b) \$1,621.51 \$1,621.51 1241 276 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit 401(k): Vanguard 735 ILCS 5/12-1006 \$4,833.21 \$4,833.21 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

Case 16-05363

Doc 1

Desc Main

| С                                                                                                            | ase 16-05363                                                     | Doc 1 Filed 02/18                                                                                                  |                         | 02/18/16 20:<br>of 53                                  | 56:50 Desc N                                           | 1ain                              |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------|--------------------------------------------------------|-----------------------------------|
| Fill in this info                                                                                            | rmation to identify you                                          |                                                                                                                    |                         |                                                        |                                                        |                                   |
| Debtor 1                                                                                                     | Krystin Dellaca                                                  | Middle Name                                                                                                        | Last Name               |                                                        |                                                        |                                   |
| Debtor 2<br>(Spouse if, filing)                                                                              | First Name                                                       | Middle Name                                                                                                        | Last Name               |                                                        |                                                        |                                   |
| United States B                                                                                              | ankruptcy Court for the:                                         | NORTHERN DISTRICT C                                                                                                | OF ILLINOIS             |                                                        |                                                        |                                   |
| Case number<br>(if known)                                                                                    |                                                                  |                                                                                                                    |                         |                                                        |                                                        | if this is an<br>led filing       |
| Official For                                                                                                 |                                                                  |                                                                                                                    |                         |                                                        |                                                        |                                   |
| Schedule                                                                                                     | D: Creditors                                                     | Who Have Clain                                                                                                     | ns Secured              | by Propert                                             | У                                                      | 12/15                             |
| s needed, copy the number (if known 1. Do any creditor    No. Chec                                           | ne Additional Page, fill it o<br>).<br>'s have claims secured by | nis form to the court with your                                                                                    | ach it to this form. On | the top of any addition                                | nal pages, write your na                               | me and case `                     |
| for each claim. If                                                                                           | more than one creditor has                                       | more than one secured claim, list to a particular claim, list the other claim acal order according to the creditor | reditors in Part 2. As  | Amount of claim Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 Wells Fa                                                                                                 | rgo Home<br>e                                                    | Describe the property that sec                                                                                     | cures the claim:        | \$78,468.00                                            | \$110,000.00                                           | \$0.00                            |
| Creditor's Na                                                                                                | me                                                               | 3063 Winchester Court<br>IL 60504 DuPage Coun                                                                      |                         |                                                        |                                                        |                                   |
| PO Box 10335  Des Moines, IA 50306  As of the date you file, the claim is: Check all that apply.  Contingent |                                                                  |                                                                                                                    |                         |                                                        |                                                        |                                   |
| Number, Stre                                                                                                 | et, City, State & Zip Code                                       | ☐ Unliquidated☐ Disputed                                                                                           |                         |                                                        |                                                        |                                   |
| Who owes the o                                                                                               | lebt? Check one.                                                 | Nature of lien. Check all that a                                                                                   |                         |                                                        |                                                        |                                   |
| ■ Debtor 1 only □ Debtor 2 only                                                                              |                                                                  | An agreement you made (succar loan)                                                                                | ch as mortgage or secu  | ired                                                   |                                                        |                                   |
| Debtor 1 and I                                                                                               | ebtor 1 and Debtor 2 only                                        |                                                                                                                    |                         |                                                        |                                                        |                                   |

| dd the dollar value of your entries in Column A on this page. Write that number here:                      | \$78,468.00 |
|------------------------------------------------------------------------------------------------------------|-------------|
| this is the last page of your form, add the dollar value totals from all pages.<br>Vrite that number here: | \$78,468.00 |
|                                                                                                            |             |

Last 4 digits of account number

☐ Judgment lien from a lawsuit

Other (including a right to offset)

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

**First Mortgage** 

0175

lacksquare At least one of the debtors and another

 $\hfill\square$  Check if this claim relates to a

community debt

Date debt was incurred

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|                                                                    | 0000 10 00000 1                                                                                                       | Document                                                                                                 | Page 19 of 53                                                                                                                                                            | _0.00.00 Bco                | o mani                                      |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------|
| Fill in this ir                                                    | nformation to identify your                                                                                           |                                                                                                          | 1 000 13 01 00                                                                                                                                                           |                             |                                             |
| Debtor 1                                                           | Krystin Dellaca                                                                                                       |                                                                                                          |                                                                                                                                                                          |                             |                                             |
| 20010.                                                             | First Name                                                                                                            | Middle Name                                                                                              | Last Name                                                                                                                                                                |                             |                                             |
| Debtor 2                                                           | First Name                                                                                                            | Middle Mana                                                                                              | Last Nama                                                                                                                                                                |                             |                                             |
| (Spouse if, filing)                                                | ) First Name                                                                                                          | Middle Name                                                                                              | Last Name                                                                                                                                                                |                             |                                             |
| United State                                                       | s Bankruptcy Court for the:                                                                                           | NORTHERN DISTRICT OF                                                                                     | ILLINOIS                                                                                                                                                                 |                             |                                             |
| Case numbe                                                         | er                                                                                                                    |                                                                                                          |                                                                                                                                                                          |                             |                                             |
| (if known)                                                         |                                                                                                                       |                                                                                                          |                                                                                                                                                                          |                             | heck if this is an                          |
|                                                                    |                                                                                                                       |                                                                                                          |                                                                                                                                                                          | ar                          | nended filing                               |
| Official E                                                         | orm 106E/F                                                                                                            |                                                                                                          |                                                                                                                                                                          |                             |                                             |
|                                                                    |                                                                                                                       | ho Have Unsecure                                                                                         | d Claims                                                                                                                                                                 |                             | 12/15                                       |
|                                                                    |                                                                                                                       |                                                                                                          | RITY claims and Part 2 for creditors w                                                                                                                                   | with NONDRIORITY clair      |                                             |
| Schedule G: E<br>Schedule D: C<br>eft. Attach the<br>name and case | xecutory Contracts and Unexp<br>reditors Who Have Claims Sec<br>Continuation Page to this pag<br>e number (if known). | ired Leases (Official Form 106G)<br>ured by Property. If more space<br>le. If you have no information to | io list executory contracts on Schedu<br>). Do not include any creditors with pair<br>is needed, copy the Part you need, fil<br>report in a Part, do not file that Part. | artially secured claims     | that are listed in ries in the boxes on the |
| Part 1: Li                                                         | ist All of Your PRIORITY Un                                                                                           | secured Claims                                                                                           |                                                                                                                                                                          |                             |                                             |
|                                                                    | reditors have priority unsecure                                                                                       | d claims against you?                                                                                    |                                                                                                                                                                          |                             |                                             |
|                                                                    | o to Part 2.                                                                                                          |                                                                                                          |                                                                                                                                                                          |                             |                                             |
| ☐ Yes.                                                             |                                                                                                                       |                                                                                                          |                                                                                                                                                                          |                             |                                             |
|                                                                    | ist All of Your NONPRIORIT                                                                                            |                                                                                                          |                                                                                                                                                                          |                             |                                             |
| 3. Do any cr                                                       | reditors have nonpriority unsec                                                                                       | cured claims against you?                                                                                |                                                                                                                                                                          |                             |                                             |
| ☐ No. Yo                                                           | ou have nothing to report in this p                                                                                   | art. Submit this form to the court w                                                                     | vith your other schedules.                                                                                                                                               |                             |                                             |
| Yes.                                                               |                                                                                                                       |                                                                                                          |                                                                                                                                                                          |                             |                                             |
| unsecure                                                           | d claim, list the creditor separatel                                                                                  | y for each claim. For each claim lis                                                                     | f the creditor who holds each claim. If<br>sted, identify what type of claim it is. Do no<br>ou have more than three nonpriority uns                                     | not list claims already inc | cluded in Part 1. If more                   |
|                                                                    |                                                                                                                       |                                                                                                          |                                                                                                                                                                          |                             | Total claim                                 |
| 4.1 Cap                                                            | oital One                                                                                                             | Last 4 digits of a                                                                                       | account number 5752                                                                                                                                                      |                             | \$5,502.00                                  |
|                                                                    | priority Creditor's Name                                                                                              | NO                                                                                                       |                                                                                                                                                                          | •                           |                                             |
| _                                                                  | Box 30281<br>t Lake City, UT 84130-02                                                                                 | When was the de                                                                                          | ept incurred?                                                                                                                                                            |                             |                                             |
|                                                                    | ber Street City State Zlp Code                                                                                        |                                                                                                          | ou file, the claim is: Check all that apply                                                                                                                              | у                           |                                             |
| Who                                                                | incurred the debt? Check one.                                                                                         |                                                                                                          |                                                                                                                                                                          |                             |                                             |
| <b>■</b> D                                                         | ebtor 1 only                                                                                                          | ☐ Contingent                                                                                             |                                                                                                                                                                          |                             |                                             |
| □D                                                                 | ebtor 2 only                                                                                                          | ☐ Unliquidated                                                                                           |                                                                                                                                                                          |                             |                                             |
| □D                                                                 | ebtor 1 and Debtor 2 only                                                                                             | ☐ Disputed                                                                                               |                                                                                                                                                                          |                             |                                             |
| ПА                                                                 | t least one of the debtors and an                                                                                     | other Type of NONPRI                                                                                     | ORITY unsecured claim:                                                                                                                                                   |                             |                                             |
|                                                                    | check if this claim is for a com                                                                                      | <u> </u>                                                                                                 |                                                                                                                                                                          |                             |                                             |
| debt                                                               | e claim subject to offset?                                                                                            | Obligations ar report as priority of                                                                     | rising out of a separation agreement or d                                                                                                                                | divorce that you did not    |                                             |
| ■ N                                                                | -                                                                                                                     | <u> </u>                                                                                                 | ciaims<br>sion or profit-sharing plans, and other sin                                                                                                                    | nilar debts                 |                                             |
| <b>-</b> N                                                         |                                                                                                                       | ·                                                                                                        | Credit card purchases                                                                                                                                                    |                             |                                             |
| ЦΥ                                                                 | <del>e</del> 5                                                                                                        | Other. Specify                                                                                           | Oredit card purchases                                                                                                                                                    |                             |                                             |

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Debtor 1 Krystin Dellaca Case number (if know) 4.2 College Loan Last 4 digits of account number 2057 \$4,053.00 Nonpriority Creditor's Name C/O ACS When was the debt incurred? **501 BLEEKER STREET** Utica, NY 13501 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Student Loan ☐ Yes 4.3 **Credit First National Assoc** Last 4 digits of account number 0140 \$885.00 Nonpriority Creditor's Name PO Box 81315 When was the debt incurred? Cleveland, OH 44181-0315 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit card purchases ☐ Yes 4.4 **Prosper Marketplace** \$16,722.00 Last 4 digits of account number 3882 Nonpriority Creditor's Name When was the debt incurred? 221 Main Street #300 San Francisco, CA 94105 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Personal Loan

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| Debt | tor 1 Krystin Dellaca                                    | Case number (if know)                                                                   |            |
|------|----------------------------------------------------------|-----------------------------------------------------------------------------------------|------------|
| 4.5  | Sears/CBNA                                               | Last 4 digits of account number 9294                                                    | \$2,856.00 |
|      | Nonpriority Creditor's Name                              |                                                                                         |            |
|      | PO Box 6282<br>Sioux Falls, SD 57117-6282                | When was the debt incurred?                                                             |            |
|      | Number Street City State Zlp Code                        | As of the date you file, the claim is: Check all that apply                             |            |
|      | Who incurred the debt? Check one.                        | 7.6 of the date you me, the dammer of check an that apply                               |            |
|      | ■ Debtor 1 only                                          | Constitution of                                                                         |            |
|      |                                                          | ☐ Contingent                                                                            |            |
|      | Debtor 2 only                                            | ☐ Unliquidated                                                                          |            |
|      | ☐ Debtor 1 and Debtor 2 only                             | ☐ Disputed                                                                              |            |
|      | ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured claim:                                                    |            |
|      | ☐ Check if this claim is for a community                 | ☐ Student loans                                                                         |            |
|      | debt                                                     | Obligations arising out of a separation agreement or divorce that you did not           |            |
|      | Is the claim subject to offset?                          | report as priority claims                                                               |            |
|      | No                                                       | ☐ Debts to pension or profit-sharing plans, and other similar debts                     |            |
|      | Yes                                                      | ■ Other. Specify Credit card purchases                                                  |            |
| 4.6  | Wells Fargo Financial                                    | Last 4 digits of account number 2593                                                    | \$3,130.00 |
|      | Nonpriority Creditor's Name                              | <del></del>                                                                             |            |
|      | PO Box 660553                                            | When was the debt incurred?                                                             |            |
|      | Dallas, TX 75266-0553  Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply                             |            |
|      | Who incurred the debt? Check one.                        | As of the date you me, the claim is. Check all that apply                               |            |
|      | _                                                        | Поли                                                                                    |            |
|      | ■ Debtor 1 only                                          | Contingent                                                                              |            |
|      | Debtor 2 only                                            | Unliquidated                                                                            |            |
|      | ☐ Debtor 1 and Debtor 2 only                             | ☐ Disputed                                                                              |            |
|      | ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured claim:                                                    |            |
|      | ☐ Check if this claim is for a community                 | ☐ Student loans                                                                         |            |
|      | debt                                                     | $\square$ Obligations arising out of a separation agreement or divorce that you did not |            |
|      | Is the claim subject to offset?                          | report as priority claims                                                               |            |
|      | No                                                       | ☐ Debts to pension or profit-sharing plans, and other similar debts                     |            |
|      | Yes                                                      | ■ Other. Specify Credit card purchases                                                  |            |
| 4.7  | WFFNB/Mattress Firm                                      | Last 4 digits of account number 3666                                                    | \$3,129.00 |
|      | Nonpriority Creditor's Name                              |                                                                                         | ψο,:20:00  |
|      | PO Box 14517                                             | When was the debt incurred?                                                             |            |
|      | Des Moines, IA 50306                                     |                                                                                         |            |
|      | Number Street City State ZIp Code                        | As of the date you file, the claim is: Check all that apply                             |            |
|      | Who incurred the debt? Check one.                        |                                                                                         |            |
|      | ■ Debtor 1 only                                          | ☐ Contingent                                                                            |            |
|      | ☐ Debtor 2 only                                          | ☐ Unliquidated                                                                          |            |
|      | ☐ Debtor 1 and Debtor 2 only                             | ☐ Disputed                                                                              |            |
|      | ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured claim:                                                    |            |
|      | ☐ Check if this claim is for a community                 | ☐ Student loans                                                                         |            |
|      | debt                                                     | ☐ Obligations arising out of a separation agreement or divorce that you did not         |            |
|      | Is the claim subject to offset?                          | report as priority claims                                                               |            |
|      | ■ No                                                     | ☐ Debts to pension or profit-sharing plans, and other similar debts                     |            |
|      | ☐ Yes                                                    | ■ Other. Specify Credit card purchases                                                  |            |
|      |                                                          |                                                                                         |            |
|      |                                                          |                                                                                         |            |

#### Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

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Debtor 1 Krystin Dellaca

|                       |     |                                                                                                         |     | 7  | Total Claim |
|-----------------------|-----|---------------------------------------------------------------------------------------------------------|-----|----|-------------|
|                       | 6a. | Domestic support obligations                                                                            | 6a. | \$ | 0.00        |
| Total claims          |     |                                                                                                         |     |    |             |
| from Part 1           | 6b. | Taxes and certain other debts you owe the government                                                    | 6b. | \$ | 0.00        |
|                       | 6c. | Claims for death or personal injury while you were intoxicated                                          | 6c. | \$ | 0.00        |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|                       | 6e. | Total Priority. Add lines 6a through 6d.                                                                | 6e. | \$ | 0.00        |
|                       | 6f. | Student loans                                                                                           | 6f. |    | Total Claim |
| Total                 | OI. | Student loans                                                                                           | OI. | \$ | 0.00        |
| claims<br>from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 36,277.00   |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.                                                             | 6j. | \$ | 36,277.00   |

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|                                                 |                 | Docume            | T 44C 20 01 30 |                                     |  |  |
|-------------------------------------------------|-----------------|-------------------|----------------|-------------------------------------|--|--|
| Fill in this information to identify your case: |                 |                   |                |                                     |  |  |
| Debtor 1                                        | Krystin Dellaca |                   |                |                                     |  |  |
|                                                 | First Name      | Middle Name       | Last Name      |                                     |  |  |
| Debtor 2                                        |                 |                   |                |                                     |  |  |
| (Spouse if, filing)                             | First Name      | Middle Name       | Last Name      |                                     |  |  |
| United States Bankruptcy Court for the:         |                 | NORTHERN DISTRICT | OF ILLINOIS    |                                     |  |  |
| Case number                                     |                 |                   |                |                                     |  |  |
| (if known)                                      |                 |                   |                | ☐ Check if this is a amended filing |  |  |

## Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r <b>company with</b><br>Name, Numbe | n whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------------|-----------------------|-------------------|-----------------------------------------|
| 2.1 |           |                                      |                       |                   |                                         |
|     | Name      |                                      |                       |                   |                                         |
|     | Number    | Street                               |                       |                   | _                                       |
|     | City      |                                      | State                 | ZIP Code          |                                         |
| 2.2 |           |                                      |                       |                   |                                         |
|     | Name      |                                      |                       |                   |                                         |
|     | Number    | Street                               |                       |                   | _                                       |
|     | City      |                                      | State                 | ZIP Code          |                                         |
| 2.3 |           |                                      |                       |                   |                                         |
|     | Name      |                                      |                       |                   | <del>_</del>                            |
|     | Number    | Street                               |                       |                   |                                         |
|     | City      |                                      | State                 | ZIP Code          |                                         |
| 2.4 | -         |                                      |                       |                   |                                         |
|     | Name      |                                      |                       |                   | _                                       |
|     | Number    | Street                               |                       |                   |                                         |
|     | City      |                                      | State                 | ZIP Code          |                                         |
| 2.5 |           |                                      |                       |                   |                                         |
|     | Name      |                                      |                       |                   | _                                       |
|     | Number    | Street                               |                       |                   | _                                       |
|     | City      |                                      | State                 | ZIP Code          |                                         |
|     | -         |                                      |                       |                   |                                         |

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|                               |                                                                    | Docume                                               | ent Page 24 d             | OT 53                                   |                                                                                                                 |
|-------------------------------|--------------------------------------------------------------------|------------------------------------------------------|---------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Fill in this                  | information to identify your                                       | case:                                                |                           |                                         |                                                                                                                 |
| Debtor 1                      | Krystin Dellaca                                                    |                                                      |                           |                                         |                                                                                                                 |
|                               | First Name                                                         | Middle Name                                          | Last Name                 |                                         |                                                                                                                 |
| Debtor 2<br>(Spouse if, filir | ng) First Name                                                     | Middle Name                                          | Last Name                 |                                         |                                                                                                                 |
|                               | ,                                                                  |                                                      |                           |                                         |                                                                                                                 |
| United Sta                    | tes Bankruptcy Court for the:                                      | NORTHERN DISTRICT                                    | OF ILLINOIS               |                                         |                                                                                                                 |
| Case numl                     | ber                                                                |                                                      |                           |                                         | ☐ Check if this is an                                                                                           |
|                               |                                                                    |                                                      |                           |                                         | amended filing                                                                                                  |
| o                             | . = 40011                                                          |                                                      |                           |                                         |                                                                                                                 |
|                               | I Form 106H                                                        |                                                      |                           |                                         |                                                                                                                 |
| Sched                         | lule H: Your Cod                                                   | ebtors                                               |                           |                                         | 12/15                                                                                                           |
| ill it out, a<br>our name     | nd number the entries in the and case number (if known)            | boxes on the left. Attach<br>. Answer every question | the Additional Page t     | o this page. On the top                 | needed, copy the Additional Page, o of any Additional Pages, write                                              |
| 1. Do                         | you have any codebtors? (If                                        | you are filing a joint case,                         | do not list either spouse | as a codebtor.                          |                                                                                                                 |
| ■ No                          |                                                                    |                                                      |                           |                                         |                                                                                                                 |
| ☐ Yes                         | 3                                                                  |                                                      |                           |                                         |                                                                                                                 |
|                               | hin the last 8 years, have you<br>a, California, Idaho, Louisiana  |                                                      |                           |                                         |                                                                                                                 |
|                               | Go to line 3. s. Did your spouse, former spouse.                   | use, or legal equivalent live                        | e with you at the time?   |                                         |                                                                                                                 |
| in line<br>Form               | 2 again as a codebtor only i                                       | f that person is a guaran                            | tor or cosigner. Make     | sure you have listed the                | g with you. List the person shown<br>he creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                               | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z | P Code                                               |                           | Column 2: The cre<br>Check all schedule | editor to whom you owe the debt es that apply:                                                                  |
| 3.1                           |                                                                    |                                                      |                           | ☐ Schedule D. lin                       | AA                                                                                                              |
|                               | Name                                                               |                                                      |                           | ☐ Schedule E/F,                         | · ———                                                                                                           |
|                               |                                                                    |                                                      |                           | ☐ Schedule G, lir                       |                                                                                                                 |
| -                             | Number Street                                                      |                                                      |                           | _                                       |                                                                                                                 |
|                               | City                                                               | State                                                | ZIP Code                  |                                         |                                                                                                                 |
|                               |                                                                    |                                                      |                           | O O observator D. Co                    |                                                                                                                 |
| 3.2                           | Name                                                               |                                                      |                           | Schedule D, lir ☐ Schedule E/F,         |                                                                                                                 |
|                               |                                                                    |                                                      |                           | ☐ Schedule E/F,                         |                                                                                                                 |
| -                             | Number Street                                                      |                                                      |                           | —                                       |                                                                                                                 |
|                               | City Street                                                        | State                                                | 7IP Code                  |                                         |                                                                                                                 |

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| E-11        | to this information of                                                    |                                    |                                                                                      |                                    |             |       | ı         |               |              |                                  |          |
|-------------|---------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------|------------------------------------|-------------|-------|-----------|---------------|--------------|----------------------------------|----------|
|             | in this information to                                                    |                                    |                                                                                      |                                    |             |       |           |               |              |                                  |          |
|             |                                                                           | Krystin Della                      | 1Ca                                                                                  |                                    |             | _     |           |               |              |                                  |          |
| 1 -         | btor 2<br>buse, if filing)                                                |                                    |                                                                                      |                                    |             |       |           |               |              |                                  |          |
| Uni         | ited States Bankrup                                                       | tcy Court for the                  | : NORTHERN DISTRIC                                                                   | T OF ILLINOIS                      |             |       |           |               |              |                                  |          |
|             | se number                                                                 |                                    |                                                                                      |                                    |             |       | Che       | ck if this is | :            |                                  |          |
| (If kr      | nown)                                                                     |                                    |                                                                                      |                                    |             |       |           | An amende     | ed filing    |                                  |          |
| _           |                                                                           |                                    |                                                                                      |                                    |             |       |           |               |              | g postpetition<br>ollowing date: |          |
| 0           | fficial Form                                                              | <u> 1061</u>                       |                                                                                      |                                    |             |       | ī         | MM / DD/ \    | YYYY         |                                  |          |
| S           | chedule I:                                                                | Your Inco                          | ome                                                                                  |                                    |             |       |           |               |              |                                  | 12/1     |
| spo<br>atta | use. If you are sep<br>ch a separate shee                                 | arated and you                     | are married and not filir<br>r spouse is not filing wi<br>On the top of any addition | th you, do not inclu               | de inforr   | natio | on abou   | t your spo    | ouse. If mo  | re space is i                    | needed,  |
| 1.          | Fill in your emploinformation.                                            | oyment                             |                                                                                      | Debtor 1                           |             |       |           | Debtor 2      | 2 or non-fi  | ling spouse                      |          |
|             | If you have more                                                          |                                    | Employment status                                                                    | Employed                           |             |       |           | ☐ Empl        | oyed         |                                  |          |
|             | attach a separate page with<br>information about additional<br>employers. |                                    | . ,                                                                                  | ☐ Not employed                     |             |       |           | ☐ Not e       | employed     |                                  |          |
|             |                                                                           | acceptable of                      | Occupation                                                                           | Research Ops (                     | Coordin     | ato   |           |               |              |                                  |          |
|             | Include part-time,<br>self-employed wo                                    |                                    | Employer's name                                                                      | Millward Brown                     | 1           |       |           |               |              |                                  |          |
|             | Occupation may i<br>or homemaker, if                                      |                                    | Employer's address                                                                   | 3333 Warrenvill<br>Lisle, IL 60532 | e Road      |       |           |               |              |                                  |          |
|             |                                                                           |                                    | How long employed the                                                                | here? 3.6 yea                      | ırs         |       |           | _             |              |                                  |          |
| Par         | rt 2: Give Det                                                            | tails About Mon                    | thly Income                                                                          |                                    |             |       |           |               |              |                                  |          |
| spo         | use unless you are                                                        | separated.                         | ate you file this form. If y                                                         | , c                                |             |       | •         |               | ·            | ,                                | J        |
| If yo       | ou or your non-filing<br>e space, attach a se                             | spouse have mo<br>eparate sheet to | ore than one employer, co<br>this form.                                              | ombine the informatio              | n for all e | empl  | oyers for | that perso    | on on the li | nes below. If                    | you need |
|             |                                                                           |                                    |                                                                                      |                                    |             |       | For De    | btor 1        |              | otor 2 or<br>ng spouse           |          |
| 2.          |                                                                           |                                    | ry, and commissions (becalculate what the month)                                     |                                    | 2.          | \$    |           | 3,925.32      | \$           | N/A                              | -        |
| 3.          | Estimate and list                                                         | t monthly overti                   | ime pay.                                                                             |                                    | 3.          | +\$   |           | 0.00          | +\$          | N/A                              | <u>.</u> |
| 4.          | Calculate gross                                                           | Income. Add lin                    | ne 2 + line 3.                                                                       |                                    | 4.          | \$    | 3,9       | 25.32         | \$           | N/A                              |          |

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| Deb | tor 1                                                                                                                                                                                                                                                                                                                                                                                                          | Krystin Dellaca                                                                                                                                                                                                                                                         | _                 | Case r      | number (if known)    |                   |                           |                   |          |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|----------------------|-------------------|---------------------------|-------------------|----------|
|     |                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                         |                   |             | Debtor 1             | no                | r Debtor 2<br>n-filing sp | oouse             |          |
|     | Cop                                                                                                                                                                                                                                                                                                                                                                                                            | y line 4 here                                                                                                                                                                                                                                                           | 4.                | \$          | 3,925.32             | \$_               |                           | N/A               | -        |
| 5.  | List                                                                                                                                                                                                                                                                                                                                                                                                           | all payroll deductions:                                                                                                                                                                                                                                                 |                   |             |                      |                   |                           |                   |          |
|     | 5a.                                                                                                                                                                                                                                                                                                                                                                                                            | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                           | 5a.               | \$          | 454.98               | \$_               |                           | N/A               | _        |
|     | 5b.                                                                                                                                                                                                                                                                                                                                                                                                            | Mandatory contributions for retirement plans                                                                                                                                                                                                                            | 5b.               | \$          | 0.00                 | \$_               |                           | N/A               |          |
|     | 5c.                                                                                                                                                                                                                                                                                                                                                                                                            | Voluntary contributions for retirement plans                                                                                                                                                                                                                            | 5c.               | \$          | 104.98               | \$_               |                           | N/A               | -        |
|     | 5d.<br>5e.                                                                                                                                                                                                                                                                                                                                                                                                     | Required repayments of retirement fund loans Insurance                                                                                                                                                                                                                  | 5d.<br>5e.        | \$          | 0.00                 | \$_<br>\$         |                           | N/A<br>N/A        | -        |
|     | 5f.                                                                                                                                                                                                                                                                                                                                                                                                            | Domestic support obligations                                                                                                                                                                                                                                            | 5f.               | <b>\$</b> — | 232.56               | \$<br>-           |                           | N/A               | -        |
|     | 5g.                                                                                                                                                                                                                                                                                                                                                                                                            | Union dues                                                                                                                                                                                                                                                              | 5g.               | \$          | 0.00                 | \$_               |                           | N/A               | -        |
|     | 5h.                                                                                                                                                                                                                                                                                                                                                                                                            | Other deductions. Specify:                                                                                                                                                                                                                                              | 5h.+              | - :         |                      | + \$ -            |                           | N/A               | -        |
| 6.  | Add                                                                                                                                                                                                                                                                                                                                                                                                            | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                              | 6.                | \$          | 792.52               | \$                |                           | N/A               |          |
| 7.  | Cal                                                                                                                                                                                                                                                                                                                                                                                                            | culate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                        | 7.                | \$          | 3,132.80             | \$                |                           | N/A               | •        |
| 8.  | List<br>8a.                                                                                                                                                                                                                                                                                                                                                                                                    | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total             |                   | _           |                      | _                 |                           |                   | -        |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                | monthly net income.                                                                                                                                                                                                                                                     | 8a.               | \$          | 0.00                 | \$_               |                           | N/A               | -        |
|     | 8b.<br>8c.                                                                                                                                                                                                                                                                                                                                                                                                     | Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent                                                                                                                                                                           | 8b.               | \$          | 0.00                 | \$_               |                           | N/A               |          |
|     | 8d.<br>8e.                                                                                                                                                                                                                                                                                                                                                                                                     | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security                                                                                                  | 8c.<br>8d.<br>8e. | \$<br>\$    | 0.00<br>0.00<br>0.00 | \$_<br>\$_<br>\$_ |                           | N/A<br>N/A<br>N/A | -        |
|     | 8f.                                                                                                                                                                                                                                                                                                                                                                                                            | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: |                   | \$<br>\$    | 0.00                 | \$_<br>\$         |                           | N/A               | -        |
|     | 8g.                                                                                                                                                                                                                                                                                                                                                                                                            | Pension or retirement income                                                                                                                                                                                                                                            | 8g.               | \$          | 0.00                 | \$                |                           | N/A               | -        |
|     | 8h.                                                                                                                                                                                                                                                                                                                                                                                                            | Other monthly income. Specify:                                                                                                                                                                                                                                          | 8h.+              | \$          | 0.00                 | + \$ _            |                           | N/A               |          |
| 9.  | Add                                                                                                                                                                                                                                                                                                                                                                                                            | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                    | 9.                | \$          | 0.00                 | \$_               |                           | N/A               | <u> </u> |
| 10. | Cal                                                                                                                                                                                                                                                                                                                                                                                                            | culate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                             | 10. \$            | 3           | 3,132.80 + \$        |                   | N/A                       | = \$              | 3,132.80 |
|     | Add                                                                                                                                                                                                                                                                                                                                                                                                            | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                  |                   |             |                      |                   |                           |                   |          |
| 11. | 1. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  11. +\$ 0.00 |                                                                                                                                                                                                                                                                         |                   |             |                      |                   |                           |                   |          |
| 12. |                                                                                                                                                                                                                                                                                                                                                                                                                | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certallies                                                                                                               |                   |             |                      |                   | 12.                       | \$                |          |
| 13. | Do                                                                                                                                                                                                                                                                                                                                                                                                             | you expect an increase or decrease within the year after you file this form                                                                                                                                                                                             | ?                 |             |                      |                   | ļ                         | montni            | y income |
| ٠.  |                                                                                                                                                                                                                                                                                                                                                                                                                | No.                                                                                                                                                                                                                                                                     |                   |             |                      |                   |                           |                   |          |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                | Yes. Explain: Income is based upon gross for 2015 averaged p                                                                                                                                                                                                            | er pa             | v che       | <br>ck               |                   |                           |                   |          |

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|            |                                 |                                     |                        |                                                             |                                         | 1           |                                     |                               |
|------------|---------------------------------|-------------------------------------|------------------------|-------------------------------------------------------------|-----------------------------------------|-------------|-------------------------------------|-------------------------------|
| 1=111      | in this informa                 | tion to identify yo                 | our case:              |                                                             |                                         |             |                                     |                               |
| Deb        | tor 1                           | Krystin Della                       | аса                    |                                                             |                                         |             | eck if this is:                     |                               |
| Deb        | tor 2                           |                                     |                        |                                                             |                                         |             | An amended filing A supplement show | wing postpetition chapter     |
| (Spo       | ouse, if filing)                | -                                   |                        |                                                             |                                         | _           | 13 expenses as of                   |                               |
| Unit       | ed States Bankı                 | ruptcy Court for the                | : NORTH                | HERN DISTRICT OF ILLIN                                      | OIS                                     |             | MM / DD / YYYY                      |                               |
| 1          | e number                        |                                     |                        |                                                             |                                         |             |                                     |                               |
| (lf kı     | nown)                           |                                     |                        |                                                             |                                         |             |                                     |                               |
| Of         | fficial Fo                      | rm 106J                             |                        |                                                             |                                         |             |                                     |                               |
|            |                                 | J: Your                             | Exper                  | ises                                                        |                                         |             |                                     | 12/1                          |
| Be a       | as complete a                   | and accurate as                     | possible<br>eded, atta | . If two married people ar                                  |                                         |             |                                     | or supplying correct          |
| Par        |                                 | ibe Your House                      | hold                   |                                                             |                                         |             |                                     |                               |
| 1.         | Is this a joir                  |                                     |                        |                                                             |                                         |             |                                     |                               |
|            | ■ No. Go to                     |                                     | in a separ             | ate household?                                              |                                         |             |                                     |                               |
|            | □ 100: <b>20</b> 0              |                                     | a copa                 | ato nouconola i                                             |                                         |             |                                     |                               |
|            |                                 |                                     | st file Offic          | ial Form 106J-2, <i>Expenses</i>                            | for Separate House                      | ehold of De | btor 2.                             |                               |
| 2.         | Do you have                     | e dependents?                       | □ No                   |                                                             |                                         |             |                                     |                               |
|            | Do not list D<br>Debtor 2.      | ebtor 1 and                         | Yes.                   | Fill out this information for each dependent                | Dependent's relati<br>Debtor 1 or Debto |             | Dependent's age                     | Does dependent live with you? |
|            | Do not state                    | the                                 |                        |                                                             |                                         |             |                                     | □ No                          |
|            | dependents                      | names.                              |                        |                                                             | Daughter                                |             | 11                                  | Yes                           |
|            |                                 |                                     |                        |                                                             |                                         |             |                                     | □ No<br>□ Yes                 |
|            |                                 |                                     |                        |                                                             |                                         |             |                                     | □ No                          |
|            |                                 |                                     |                        |                                                             |                                         |             |                                     | Yes                           |
|            |                                 |                                     |                        |                                                             |                                         |             |                                     | □ No                          |
| 3.         | Do your exp                     | enses include                       |                        | No                                                          | -                                       |             |                                     | ☐ Yes                         |
|            | expenses o                      | f people other t<br>d your depende  | han 🦳                  | Yes                                                         |                                         |             |                                     |                               |
| Par        | t 2: Estim                      | ate Your Ongoi                      | na Month               | ly Expenses                                                 |                                         |             |                                     |                               |
| Est<br>exp | imate your ex                   | penses as of yo                     | our bankr              | uptcy filing date unless y<br>y is filed. If this is a supp |                                         |             |                                     |                               |
|            |                                 |                                     |                        | government assistance i                                     |                                         |             |                                     |                               |
|            | value of sucl<br>ficial Form 10 |                                     | d have inc             | cluded it on Schedule I: Y                                  | our Income                              |             | Your exp                            | enses                         |
| 4.         |                                 | or home owners                      |                        | ses for your residence. In                                  | nclude first mortgage                   | e<br>4.     | \$                                  | 721.84                        |
|            | If not includ                   | led in line 4:                      |                        |                                                             |                                         |             |                                     |                               |
|            | 4a. Real e                      | estate taxes                        |                        |                                                             |                                         | 4a.         | \$                                  | 0.00                          |
|            | •                               | rty, homeowner's                    |                        |                                                             |                                         | 4b.         |                                     | 0.00                          |
|            |                                 | maintenance, re<br>owner's associat |                        | upkeep expenses                                             |                                         | 4c.<br>4d.  | :                                   | 0.00                          |
| 5.         |                                 |                                     |                        | oominium dues<br>o <b>ur residence.</b> such as ho          | me equity loans                         | 4a.<br>5.   | ·                                   | 0.00                          |

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| 6b.           | es:<br>Electricity, heat, natural gas                                                                                                                                                                              |            |             |                               |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|-------------------------------|
| 6b.           | Flectricity, heat, natural gas                                                                                                                                                                                     |            |             |                               |
|               | = 100th lotty, 110th, 11th and guo                                                                                                                                                                                 | 6a.        | \$          | 100.00                        |
|               | Water, sewer, garbage collection                                                                                                                                                                                   | 6b.        | \$          | 75.00                         |
| 6c.           | Telephone, cell phone, Internet, satellite, and cable services                                                                                                                                                     | 6c.        | \$          | 270.00                        |
| 6d.           | Other. Specify:                                                                                                                                                                                                    | 6d.        | \$          | 0.00                          |
| Food          | and housekeeping supplies                                                                                                                                                                                          | 7.         | \$          | 575.00                        |
| Child         | care and children's education costs                                                                                                                                                                                | 8.         | \$          | 0.00                          |
|               | ng, laundry, and dry cleaning                                                                                                                                                                                      | 9.         | \$          | 150.00                        |
|               | nal care products and services                                                                                                                                                                                     | 10.        | \$          | 50.00                         |
|               | al and dental expenses                                                                                                                                                                                             | 11.        | \$          | 50.00                         |
|               | portation. Include gas, maintenance, bus or train fare.                                                                                                                                                            |            | ·           |                               |
|               | t include car payments.                                                                                                                                                                                            | 12.        | \$          | 200.00                        |
|               | ainment, clubs, recreation, newspapers, magazines, and books                                                                                                                                                       | 13.        | \$          | 0.00                          |
| . Chari       | able contributions and religious donations                                                                                                                                                                         | 14.        | \$          | 0.00                          |
| . Insura      | ance.                                                                                                                                                                                                              |            |             |                               |
| Do no         | t include insurance deducted from your pay or included in lines 4 or 20.                                                                                                                                           |            |             |                               |
| 15a.          | Life insurance                                                                                                                                                                                                     | 15a.       | \$          | 0.00                          |
| 15b.          | Health insurance                                                                                                                                                                                                   | 15b.       | \$          | 0.00                          |
| 15c.          | Vehicle insurance                                                                                                                                                                                                  | 15c.       | \$          | 56.24                         |
| 15d.          | Other insurance. Specify:                                                                                                                                                                                          | 15d.       | \$          | 0.00                          |
|               | Do not include taxes deducted from your pay or included in lines 4 or 20.                                                                                                                                          |            | -           | 3.00                          |
| Specif        |                                                                                                                                                                                                                    | 16.        | \$          | 0.00                          |
| •             | Iment or lease payments:                                                                                                                                                                                           |            |             |                               |
|               | Car payments for Vehicle 1                                                                                                                                                                                         | 17a.       | \$          | 0.00                          |
| 17b.          | Car payments for Vehicle 2                                                                                                                                                                                         | 17b.       | \$          | 0.00                          |
|               | Other. Specify:                                                                                                                                                                                                    | 17c.       | \$          | 0.00                          |
|               | Other. Specify:                                                                                                                                                                                                    | 17d.       |             | 0.00                          |
|               | payments of alimony, maintenance, and support that you did not report as                                                                                                                                           |            | <u> </u>    | 0.00                          |
|               | eted from your pay on line 5, Schedule I, Your Income (Official Form 106I).                                                                                                                                        | 18.        | \$          | 0.00                          |
|               | payments you make to support others who do not live with you.                                                                                                                                                      |            | \$          | 0.00                          |
| Specif        | v:                                                                                                                                                                                                                 | 19.        |             |                               |
|               | real property expenses not included in lines 4 or 5 of this form or on Schee                                                                                                                                       | dule I: Yo | our Income. |                               |
|               | Mortgages on other property                                                                                                                                                                                        | 20a.       |             | 0.00                          |
| 20b.          | Real estate taxes                                                                                                                                                                                                  | 20b.       | \$          | 0.00                          |
| 20c.          | Property, homeowner's, or renter's insurance                                                                                                                                                                       | 20c.       | \$          | 0.00                          |
| 20d.          | Maintenance, repair, and upkeep expenses                                                                                                                                                                           | 20d.       | \$          | 0.00                          |
| 20e.          | Homeowner's association or condominium dues                                                                                                                                                                        | 20e.       | \$          | 0.00                          |
| Other         | : Specify: Miscellaneous                                                                                                                                                                                           | 21.        |             | 150.00                        |
|               | ekeeping supplies                                                                                                                                                                                                  |            | +\$         | 60.00                         |
|               | ent Loan                                                                                                                                                                                                           |            | +\$         | 85.00                         |
|               |                                                                                                                                                                                                                    |            | +\$<br>-    |                               |
| Arter         | school care                                                                                                                                                                                                        |            | -Ψ          | 400.00                        |
| 2. Calcu      | late your monthly expenses                                                                                                                                                                                         |            |             |                               |
| 22a. <i>F</i> | dd lines 4 through 21.                                                                                                                                                                                             |            | \$          | 2,943.08                      |
|               | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                                                                                                                                    |            | \$          |                               |
|               | dd line 22a and 22b. The result is your monthly expenses.                                                                                                                                                          |            | \$          | 2,943.08                      |
| 220. P        | idd iino 22a and 22b. The result is your monthly expenses.                                                                                                                                                         |            | Ψ           | 2,343.00                      |
| . Calcu       | late your monthly net income.                                                                                                                                                                                      |            |             | <u> </u>                      |
| 23a.          | Copy line 12 (your combined monthly income) from Schedule I.                                                                                                                                                       | 23a.       | \$          | 3,132.80                      |
| 23b.          | Copy your monthly expenses from line 22c above.                                                                                                                                                                    | 23b.       | -\$         | 2,943.08                      |
|               |                                                                                                                                                                                                                    |            |             | ,                             |
| 23c.          | Subtract your monthly expenses from your monthly income.                                                                                                                                                           |            |             | 400.70                        |
|               | The result is your monthly net income.                                                                                                                                                                             | 23c.       | \$          | 189.72                        |
|               |                                                                                                                                                                                                                    |            |             |                               |
| For exa       | u expect an increase or decrease in your expenses within the year after your ample, do you expect to finish paying for your car loan within the year or do you expect your ation to the terms of your mortgage?  . |            |             | ease or decrease because of a |

| Fill in this in                                 | formation to identify your                              | case:                                                                    |                             |                                                  |                     |
|-------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------|--------------------------------------------------|---------------------|
| Debtor 1                                        | Krystin Dellaca                                         |                                                                          |                             |                                                  |                     |
|                                                 | First Name                                              | Middle Name                                                              | Last Name                   |                                                  |                     |
| Debtor 2                                        |                                                         |                                                                          |                             |                                                  |                     |
| (Spouse if, filing)                             | First Name                                              | Middle Name                                                              | Last Name                   |                                                  |                     |
| United States                                   | Bankruptcy Court for the:                               | NORTHERN DISTRICT                                                        | OF ILLINOIS                 |                                                  |                     |
| Case numbe                                      | r                                                       |                                                                          |                             |                                                  |                     |
| (if known)                                      |                                                         |                                                                          |                             |                                                  | Check if this is an |
|                                                 |                                                         |                                                                          |                             |                                                  | amended filing      |
| If two married<br>You must file<br>obtaining mo |                                                         | , both are equally responses bankruptcy schedules connection with a bank | nsible for supplying corre  |                                                  |                     |
| :                                               | Sign Below                                              |                                                                          |                             |                                                  |                     |
| Did you                                         | ı pay or agree to pay some                              | one who is NOT an attor                                                  | ney to help you fill out ba | ankruptcy forms?                                 |                     |
| ■ No                                            |                                                         |                                                                          |                             |                                                  |                     |
| ☐ Ye                                            | s. Name of person                                       |                                                                          |                             | Attach Bankruptcy Petit  Declaration, and Signat |                     |
|                                                 | enalty of perjury, I declare<br>y are true and correct. | that I have read the sum                                                 | mary and schedules filed    | d with this declaration and                      |                     |
| X /s/ I                                         | Krystin Dellaca                                         |                                                                          | X                           |                                                  |                     |
|                                                 | stin Dellaca                                            |                                                                          | Signature of I              | Debtor 2                                         |                     |
|                                                 | ature of Debtor 1                                       |                                                                          | -                           |                                                  |                     |
| Date                                            | February 18, 2016                                       |                                                                          | Date                        |                                                  |                     |
|                                                 |                                                         |                                                                          |                             |                                                  |                     |

| Fill | in this inform                                                                                | nation to identify you                                                          | r case:                             |                                                                     |                                     |                                    |  |  |  |  |  |  |
|------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------|-------------------------------------|------------------------------------|--|--|--|--|--|--|
| De   | btor 1                                                                                        | Krystin Dellaca                                                                 |                                     |                                                                     |                                     |                                    |  |  |  |  |  |  |
| _    |                                                                                               | First Name                                                                      | Middle Name                         | Last Name                                                           |                                     |                                    |  |  |  |  |  |  |
|      | btor 2<br>ouse if, filing)                                                                    | First Name                                                                      | Middle Name                         | Last Name                                                           |                                     |                                    |  |  |  |  |  |  |
| Un   | ited States Bar                                                                               | nkruptcy Court for the:                                                         | NORTHERN DISTRICT (                 | OF ILLINOIS                                                         |                                     |                                    |  |  |  |  |  |  |
| Ca   | se number                                                                                     |                                                                                 |                                     |                                                                     |                                     |                                    |  |  |  |  |  |  |
|      | nown)                                                                                         |                                                                                 |                                     |                                                                     | _                                   | theck if this is an                |  |  |  |  |  |  |
|      |                                                                                               |                                                                                 |                                     |                                                                     | a                                   | mended filing                      |  |  |  |  |  |  |
| _    |                                                                                               | 407                                                                             |                                     |                                                                     |                                     |                                    |  |  |  |  |  |  |
|      | ficial Fo                                                                                     |                                                                                 |                                     |                                                                     | _                                   |                                    |  |  |  |  |  |  |
| St   | atement                                                                                       | of Financial                                                                    | Affairs for Individ                 | duals Filing for B                                                  | ankruptcy                           | 12/1                               |  |  |  |  |  |  |
|      |                                                                                               |                                                                                 |                                     |                                                                     | equally responsible for supp        |                                    |  |  |  |  |  |  |
|      |                                                                                               | ore space is needed,<br>ı). Answer every ques                                   |                                     | this form. On the top of any                                        | vadditional pages, write you        | r name and case                    |  |  |  |  |  |  |
|      |                                                                                               | ,                                                                               |                                     | - Live - I Defens                                                   |                                     |                                    |  |  |  |  |  |  |
|      |                                                                                               |                                                                                 | rital Status and Where You          | Lived Before                                                        |                                     |                                    |  |  |  |  |  |  |
| 1.   | what is your                                                                                  | current marital statu                                                           | 18 (                                |                                                                     |                                     |                                    |  |  |  |  |  |  |
|      | ☐ Married                                                                                     |                                                                                 |                                     |                                                                     |                                     |                                    |  |  |  |  |  |  |
|      | Not mar                                                                                       | ried                                                                            |                                     |                                                                     |                                     |                                    |  |  |  |  |  |  |
| 2.   | During the la                                                                                 | During the last 3 years, have you lived anywhere other than where you live now? |                                     |                                                                     |                                     |                                    |  |  |  |  |  |  |
|      | ■ No                                                                                          |                                                                                 |                                     |                                                                     |                                     |                                    |  |  |  |  |  |  |
|      | Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |                                                                                 |                                     |                                                                     |                                     |                                    |  |  |  |  |  |  |
|      |                                                                                               | ior Address:                                                                    | Dates Debtor 1                      | Debtor 2 Prior Ad                                                   |                                     | Dates Debtor 2                     |  |  |  |  |  |  |
|      | Debitor 1 Fil                                                                                 | ioi Address.                                                                    | lived there                         | Debiol 2 Filol Ad                                                   | uicss.                              | lived there                        |  |  |  |  |  |  |
| 3.   | Within the la                                                                                 | st 8 vears, did vou ev                                                          | ver live with a spouse or led       | nal equivalent in a commun                                          | ity property state or territory     | ? (Community property              |  |  |  |  |  |  |
|      |                                                                                               |                                                                                 |                                     |                                                                     | ico, Texas, Washington and W        |                                    |  |  |  |  |  |  |
|      | ■ No                                                                                          |                                                                                 |                                     |                                                                     |                                     |                                    |  |  |  |  |  |  |
|      | _                                                                                             | ke sure vou fill out Sch                                                        | nedule H: Your Codebtors (O         | fficial Form 106H).                                                 |                                     |                                    |  |  |  |  |  |  |
|      |                                                                                               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                         | (1                                  | ,                                                                   |                                     |                                    |  |  |  |  |  |  |
| Pa   | rt 2 Explain                                                                                  | n the Sources of You                                                            | r Income                            |                                                                     |                                     |                                    |  |  |  |  |  |  |
| 4.   | Did you have                                                                                  | e any income from en                                                            | nployment or from operating         | g a business during this ye                                         | ear or the two previous calen       | dar years?                         |  |  |  |  |  |  |
|      |                                                                                               |                                                                                 |                                     | all businesses, including parte<br>e together, list it only once ur |                                     | •                                  |  |  |  |  |  |  |
|      | ii you are iiiii                                                                              | ig a joint case and you                                                         | nave income that you receiv         | e together, list it only once ur                                    | idel Debiol 1.                      |                                    |  |  |  |  |  |  |
|      | □ No                                                                                          |                                                                                 |                                     |                                                                     |                                     |                                    |  |  |  |  |  |  |
|      | Yes. Fill                                                                                     | in the details.                                                                 |                                     |                                                                     |                                     |                                    |  |  |  |  |  |  |
|      |                                                                                               |                                                                                 | Debtor 1                            |                                                                     | Debtor 2                            |                                    |  |  |  |  |  |  |
|      |                                                                                               |                                                                                 | Sources of income                   | <b>Gross income</b>                                                 | Sources of income                   | Gross income                       |  |  |  |  |  |  |
|      |                                                                                               |                                                                                 | Check all that apply.               | (before deductions and exclusions)                                  | Check all that apply.               | (before deductions and exclusions) |  |  |  |  |  |  |
| Er-  | om January 4                                                                                  | of current year until                                                           | _                                   | ,                                                                   | Dw                                  | and oxoldololloj                   |  |  |  |  |  |  |
|      |                                                                                               | of current year until<br>d for bankruptcy:                                      | ■ Wages, commissions, bonuses, tips | \$7,509.00                                                          | ☐ Wages, commissions, bonuses, tips |                                    |  |  |  |  |  |  |
|      |                                                                                               |                                                                                 | _                                   |                                                                     | ☐ Operating a business              |                                    |  |  |  |  |  |  |
|      |                                                                                               |                                                                                 | Operating a business                |                                                                     |                                     |                                    |  |  |  |  |  |  |

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| L |   | No.  |                    | ebtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an orimarily for a personal, family, or household purpose."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---|---|------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ī | • | Yes. | No. Yes  * Subject | 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?  Go to line 7.  List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.  or Debtor 2 or both have primarily consumer debts.  90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?  Go to line 7.  List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. |
|   |   |      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Dates of payment

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

**Total amount** 

paid

Amount you

still owe

| N | 0 |
|---|---|
|   |   |

Yes. List all payments to an insider

Creditor's Name and Address

Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment still owe paid

Was this payment for ...

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Page 32 of 53 Debtor 1 Krystin Dellaca Case number (if known) 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Status of the case Nature of the case Court or agency Case number Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No Yes. Fill in the information below. Creditor Name and Address **Describe the Property** Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No П Yes List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 **Charity's Name** Address (Number, Street, City, State and ZIP Code)

Describe what you contributed Dates you contributed

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Value

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Official Form 107

Nο

Name of trust

Yes. Fill in the details.

Description and value of the property transferred

beneficiary? (These are often called asset-protection devices.)

**Date Transfer was** 

made

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Case number (if known) Document

Debtor 1 Krystin Dellaca

| Pa  | et 9. Light of Cortain Einangial Accounts Ingli                                                                                                                                                                                                                                                                                                                                                       | rumanta Safa Danasit                                                      | Davas and Sta                                                                  | rogo Unite  |                                                      |                               |  |  |  |  |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------|------------------------------------------------------|-------------------------------|--|--|--|--|
|     | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. |                                                                           |                                                                                |             |                                                      |                               |  |  |  |  |
|     | No Silvi di Livi                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                |             |                                                      |                               |  |  |  |  |
|     | Yes. Fill in the details.  Name of Financial Institution and                                                                                                                                                                                                                                                                                                                                          | Loot 4 digits of                                                          | Type of accoun                                                                 | nt or       | Data account was                                     | Last balance                  |  |  |  |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                       | Last 4 digits of account number                                           | Type of accou<br>instrument                                                    | nt or       | Date account was closed, sold, moved, or transferred | before closing or<br>transfer |  |  |  |  |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?                                                                                                                                                                                                                                                                                                                                | ar before you filed for                                                   | bankruptcy, any                                                                | y safe dep  | osit box or other deposit                            | ory for securities,           |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                |             |                                                      |                               |  |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                   |                                                                           | Who else had access to it?  Address (Number, Street, City, State and ZIP Code) |             |                                                      | Do you still have it?         |  |  |  |  |
| 22. |                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           |                                                                                |             |                                                      |                               |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                |             |                                                      |                               |  |  |  |  |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                           | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code) |                                                                                | Describe t  | the contents                                         | Do you still have it?         |  |  |  |  |
| Pai | rt 9: Identify Property You Hold or Control fo                                                                                                                                                                                                                                                                                                                                                        | or Someone Else                                                           |                                                                                |             |                                                      |                               |  |  |  |  |
| 23. | Do you hold or control any property that someone.                                                                                                                                                                                                                                                                                                                                                     | eone else owns? Inclu                                                     | de any property                                                                | you borr    | owed from, are storing fo                            | or, or hold in trust for      |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                |             |                                                      |                               |  |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                    | Where is the prop<br>(Number, Street, City, St<br>Code)                   |                                                                                | Describe 1  | the property                                         | Value                         |  |  |  |  |
| Pai | rt 10: Give Details About Environmental Infor                                                                                                                                                                                                                                                                                                                                                         | mation                                                                    |                                                                                |             |                                                      |                               |  |  |  |  |
| For | the purpose of Part 10, the following definition                                                                                                                                                                                                                                                                                                                                                      | ns apply:                                                                 |                                                                                |             |                                                      |                               |  |  |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these s                                                                                                                                                                                                                                                          | air, land, soil, surface                                                  | water, ground                                                                  |             |                                                      |                               |  |  |  |  |
|     | Site means any location, facility, or property a to own, operate, or utilize it, including dispos                                                                                                                                                                                                                                                                                                     | •                                                                         | nvironmental la                                                                | w, whethe   | er you now own, operate,                             | or utilize it or used         |  |  |  |  |
|     | Hazardous material means anything an environment hazardous material, pollutant, contaminant, o                                                                                                                                                                                                                                                                                                        |                                                                           | s a hazardous v                                                                | waste, haz  | ardous substance, toxic                              | substance,                    |  |  |  |  |
| Rep | ort all notices, releases, and proceedings that                                                                                                                                                                                                                                                                                                                                                       | you know about, rega                                                      | rdless of when                                                                 | they occu   | rred.                                                |                               |  |  |  |  |
| 24. | Has any governmental unit notified you that y                                                                                                                                                                                                                                                                                                                                                         | ou may be liable or po                                                    | tentially liable ι                                                             | under or ir | violation of an environm                             | nental law?                   |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                |             |                                                      |                               |  |  |  |  |
|     | Name of site                                                                                                                                                                                                                                                                                                                                                                                          | Governmental uni                                                          | t                                                                              | Enviro      | nmental law, if you                                  | Date of notice                |  |  |  |  |

Address (Number, Street, City, State and ZIP Code)

know it

Address (Number, Street, City, State and ZIP Code)

Case 16-05363 Doc 1 Filed 02/18/16 Entered 02/18/16 20:56:50 Desc Main Document Page 35 of 53 Debtor 1 Krystin Dellaca Case number (if known) 25. Have you notified any governmental unit of any release of hazardous material? Nο Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ■ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued** Name **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Krystin Dellaca Signature of Debtor 2 Krystin Dellaca Signature of Debtor 1 Date Date February 18, 2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

page 6

☐ Yes. Name of Person

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Case number (if known) Document

Debtor 1 Krystin Dellaca

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

### (Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other

attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section

726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
    - Counseling the Debtor, gathering information, reviewing documentation, preparing the petition, appearing at the 341 meeting, handling objections, all for the purpose of obtaining confirmation of the Debtor's plan, require many hours of time, both by counsel and staff.

      Receiving reasonable compensation for some of the time incurred allows for the continued operation of the firm to cover overhead and related costs.
  - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
  - (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
  - (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
  - (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received , \$**1,500.00**

toward the flat fee, leaving a balance due of \$2,500.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: <b>February 18, 2016</b>        |                                                  |
|---------------------------------------|--------------------------------------------------|
| Signed:                               |                                                  |
| /s/ Krystin Dellaca                   | /s/ Joseph Wrobel                                |
| Krystin Dellaca                       | Joseph Wrobel 3078256                            |
|                                       | Attorney for the Debtor(s)                       |
| Debtor(s)                             |                                                  |
| Do not sign this agreement if the amo | unts are blank. <b>Local Bankruptcy Form 23c</b> |

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court Northern District of Illinois

|      | 11011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nern District of Inmois                                                                                                                                     |                                                                           |                            |             |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------|-------------|
| In r | e Krystin Dellaca                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                             | Case No.                                                                  |                            |             |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Debtor(s)                                                                                                                                                   | Chapter                                                                   | 13                         |             |
|      | DISCLOSURE OF COMPEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                             |                                                                           | ` ,                        |             |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of                                                                                                                                                                                                                                                                                                         | of the petition in bankruptcy,                                                                                                                              | or agreed to be paid                                                      | to me, for services rende  | ered or to  |
|      | For legal services, I have agreed to accept                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                             |                                                                           | 4,000.00                   |             |
|      | Prior to the filing of this statement I have received                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                             | \$                                                                        | 1,500.00                   |             |
|      | Balance Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                             | \$                                                                        | 2,500.00                   |             |
| 2.   | The source of the compensation paid to me was:                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |                                                                           |                            |             |
|      | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                             |                                                                           |                            |             |
| 3.   | The source of compensation to be paid to me is:                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                             |                                                                           |                            |             |
|      | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                             |                                                                           |                            |             |
| 4.   | ■ I have not agreed to share the above-disclosed compe                                                                                                                                                                                                                                                                                                                                                                                                                                 | nsation with any other person                                                                                                                               | unless they are mem                                                       | bers and associates of my  | / law firm. |
|      | ☐ I have agreed to share the above-disclosed compensat copy of the agreement, together with a list of the name                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |                                                                           |                            | firm. A     |
| 5.   | In return for the above-disclosed fee, I have agreed to ren                                                                                                                                                                                                                                                                                                                                                                                                                            | der legal service for all aspect                                                                                                                            | s of the bankruptcy                                                       | ase, including:            |             |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and render</li> <li>b. Preparation and filing of any petition, schedules, states</li> <li>c. Representation of the debtor at the meeting of creditor</li> <li>d. Representation of the debtor in adversary proceedings</li> <li>e. [Other provisions as needed]</li> <li>Negotiations with secured creditors to re reaffirmation agreements and application</li> <li>522(f)(2)(A) for avoidance of liens on house</li> </ul> | ment of affairs and plan which<br>s and confirmation hearing, an<br>and other contested bankrupto<br>duce to market value; exe<br>as as needed; preparation | may be required;<br>d any adjourned hea<br>y matters;<br>mption planning; | rings thereof;             | g of        |
| 5.   | By agreement with the debtor(s), the above-disclosed fee                                                                                                                                                                                                                                                                                                                                                                                                                               | does not include the following                                                                                                                              | service:                                                                  |                            |             |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CERTIFICATION                                                                                                                                               |                                                                           |                            |             |
| this | I certify that the foregoing is a complete statement of any bankruptcy proceeding.                                                                                                                                                                                                                                                                                                                                                                                                     | agreement or arrangement for                                                                                                                                | payment to me for r                                                       | epresentation of the debte | or(s) in    |
| ı    | February 18, 2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | /s/ Joseph Wrobe                                                                                                                                            | I                                                                         |                            |             |
| Date |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Joseph Wrobel 30                                                                                                                                            |                                                                           |                            |             |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Signature of Attorne  Joseph Wrobel, L                                                                                                                      |                                                                           |                            |             |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | #206                                                                                                                                                        | <del></del> -                                                             |                            |             |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1954 First Street                                                                                                                                           | 60025                                                                     |                            |             |
|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Highland Park, IL<br>312.781.0996 Fax                                                                                                                       |                                                                           |                            |             |

josephwrobel@chicagobankruptcy.com

Name of law firm

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

### (Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other

attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section

726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
  - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
  - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
    - Counseling the Debtor, gathering information, reviewing documentation, preparing the petition, appearing at the 341 meeting, handling objections, all for the purpose of obtaining confirmation of the Debtor's plan, require many hours of time, both by counsel and staff.

      Receiving reasonable compensation for some of the time incurred allows for the continued operation of the firm to cover overhead and related costs.
  - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
  - (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
  - (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
  - (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$1,500.00 toward the flat fee, leaving a balance due of \$2,500.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

of the application and notified of the right to appear in court to object.

Date: February 8, 2016

Signed:

/s/ Krystin Dellaca

Krystin Dellaca

Krystin Dellaca

Attorney for the Debtor(s)

Debtor(s)

Do not sign this agreement if the amounts are blank.

**Local Bankruptcy Form 23c** 

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## United States Bankruptcy Court Northern District of Illinois

| In re | Krystin Dellaca                                                                                                             |                                                         | Case No.   |              |
|-------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------|--------------|
|       | •                                                                                                                           | Debtor(s)                                               | Chapter 13 |              |
|       | VE                                                                                                                          | CRIFICATION OF CREDITOR M                               | ATRIX      |              |
|       |                                                                                                                             | Number of                                               | Creditors: | 8            |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |                                                         |            | e best of my |
| Date: | February 18, 2016                                                                                                           | /s/ Krystin Dellaca Krystin Dellaca Signature of Debtor |            |              |

Capital One PO Box 30281 Salt Lake City, UT 84130-0281

College Loan C/O ACS 501 BLEEKER STREET Utica, NY 13501

Credit First National Assoc PO Box 81315 Cleveland, OH 44181-0315

Prosper Marketplace 221 Main Street #300 San Francisco, CA 94105

Sears/CBNA PO Box 6282 Sioux Falls, SD 57117-6282

Wells Fargo Financial PO Box 660553 Dallas, TX 75266-0553

Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306

WFFNB/Mattress Firm PO Box 14517 Des Moines, IA 50306